



National Insurance Property Development Company Limited

Chronic Disease Assistance Plan

Marine Drive

C40 Chaguaramas

Date :

Re : Change of Pharmacy for BGMS strips collection

Dear Sir/Madam

This is to inform you that I _____, Card number _____

would no longer like to have my strips sent to _____ Pharmacy

located at _____; I would like to collect my strips at

_____ Pharmacy located at _____.

Regards,

Signature